State of California Department of Insurance

CALIFORNIA EARTHQUAKE INSURANCE PREMIUM, EXPOSURE & POLICY COUNT DATA CALL SIGNATURE PAGE

CDI RSU-00	2 (REV	12/2013)
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CDI N30-002 (NLV 12/2013)							
California Insurance Code							
Section 10089.13 (a)							
Company or Group Name	İ	Company NAIC Code		Group Code			
company or Group Name		company wife code		croup code			
Address	Ī	City, State, Zip Code	PERMITTER TO THE TOTAL PROPERTY OF THE TOTAL				
71ddi C33		eny, state, zip code					
Please mark the appropriate box:							
Our Company did not write any business in Homeowners multi-peril (line 4.0), Fire (Line 1.0), and Commercial multi-peril (Line 5.1) in 2013.							
			,				
Reporting Form is hereby submitted (due no later than March 10, 2014)							
Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements,							
and to the best of my knowledge and belief, it is true, correct, and complete.							
Signature of the Officer		Date					
Name of the Officer (Please print)	<u>l</u>	Phone Number	Fax	x Number			
, , ,							
T://							
Title		E-Mail Address					
Name of the Contact Person (Please print)		Phone Number	Ea	x Number			
Name of the Contact Person (Please print)		PHONE NUMBER	ra)	x IVUIIIDEF			

E-Mail Address